UTAH STATE FIRE MARSHAL'S OFFICE PYROTECHNICIAN'S AFTER ACTION REPORT FOR FIREWORKS DISPLAY

NAME OF PYROTECHNIC OPERATOR						DATE OF DISPLAY	
DISPLAY COMPANY EMPLOYED BY						PYROTECHNIC LICENSE #	
ADDRESS AND / OR LOCATION OF DISPLAY						COUNTY	
OUTDOOR DISPLAY PROXIMATE AUDIENCE							
I hereby certify that I pyrotechnics. Listed							
NAME	IE LICENSE # ADDRESS / CITY / STATE / ZIP				IP		AGE
Use reverse side for addition	nal personnel.						
Were all pyrotechnic	s purchased f	or the displa	ay fired	or otherw	vise disposed	d of? Y	ES NO
		Yes/No	Expla	anation of	Response		
Any duds or defective she	ells?						
Any injuries? If yes, list name/Address/	Age						
Any fires caused by fireworks							
Any violations or irregularities observed?							
Number of shells used and sizes.							
This report must be f display within ten (10 concealing any facts suspension, revocation State Fire Marshal's Office 5272 S. College Dr. #302 Murray, Utah 84123 Phone: 801-284-6350 Fax: 801-284-6351 Email: mdensley@utah.gov	0) working da or incidents o	ays followin concerning t	g the d he disp	isplay. Fai day shall c val. ONLY	lure to do seconstitute gr	o or misrep ounds for li ER ACTIO	resenting or cense N REPORT
Signature of Pyrotechnic	ian		Date	_			